



**TREASURE COAST YOUTH SAILING
FOUNDATION, INC.
Student Membership Application**



2018 Summer Season

STUDENT

Last name _____ First name _____ MI _____
 Street Address _____ City _____ State _____ Zip _____
 Home phone _____ Cell _____ Birth date _____ Age _____ Sex: M () F ()
 E-mail _____ School _____

STUDENTS MUST BE ABLE TO DEMONSTRATE THEIR ABILITY TO SWIM AS A CONDITION OF ENROLLMENT.

Classes Mon-Fri (8:30 AM to 4:30 PM).

Student Age 7 to 14 () Oppi Pram Cost for one-week class **\$250.00 - \$275.00 if lunch included.**

Student Age 14 to 18 () 420 sailboat Cost for one-week class **\$250.00 - \$275.00 if lunch included.**

Discount: If 2 weeks, cost for second week is \$225.00 - \$250.00 if lunch is included.

If 3 weeks or more, cost for each additional week is \$150.00 - \$175.00 if lunch is included.

Check included (\$ _____) Paid though PayPal (\$ _____)

Some classes may be full. Please show preferred dates by marking your preferred class as 1, 2, 3 etc.

() June 4 - June 8	() June 25 - June 29	() July 23 - July 27
() June 11 - June 15	() July 9 - July 13	() July 30 - Aug 3
() June 18 - June 22	() July 16 - July 20	

IS THE STUDENT A BEGINNER () OR EXPERIENCED ()?

****PARENT/GUARDIAN**

Last name* (Mr.) (Ms.) _____ First name* _____ MI _____

Print

Address if different from student's address **Relationship to student*** _____ Street

Address _____ City _____ State _____ Zip _____ Phone
 number* _____ Alternate phone number* _____ E-mail: _____

****PARENT/GUARDIAN (ALTERNATE — IF APPLICABLE)**

Last name* (Mr.) (Ms.) _____ First name* _____ MI _____

Print

Address if different from student's address **Relationship to student*** _____ Street

Address _____ City _____ State _____ Zip _____ Phone
 number* _____ Alternate phone number* _____ E-mail: _____

How did you hear about us? School Flyer () Advertising () Street signs () Student/parent () Other ()

Parent/guardian signature*: _____ Date*: _____

Pay by credit card through PayPal (See TCYSF web site PayPal button) or send check with application. Mail application to:

**Treasure Coast Youth Sailing Foundation, Inc.
 P.O. Box 1783
 Fort Pierce, FL 34954-1783**

The tuition fee is due for each class with application or no reservation will be accepted.

Questions? Phone **772-480-0654** or visit the Web site: **www.TreasureCoastYouthSailing.com**

***Required** - You will be contacted to confirm the date for completing final applications and registration. Specific information about student's health problems, allergies, etc, if any, is needed at final registration.

SAILOR REGISTRATION – ADDITIONAL FORMS

STUDENT: _____

PARENT/GUARDIAN RELEASE AND WAIVER OF LIABILITY

I request permission for the above-mentioned Student to participate in sailing classes with the Treasure Coast Youth Sailing Foundation, Inc. (TCYSF), and to use boats and equipment owned, leased or operated by TCYSF.

I fully understand that boating, sailing and water related activities can be dangerous activities, and I request permission for the Student to participate in these activities knowing they have the potential for being dangerous. I accept and assume all the risks of injury or death of the Student, damage to my or the Student's property, and accept any liability that may arise due to the Student's actions when participating in activities, including injury or death or damage to the property of others.

I represent to TCYSF and the City of Fort Pierce, that the Student has no undisclosed physical or mental impairment other than as set forth on the TCYSF medical information form, and further represent that the Student has no physical or mental limitations or chronic ailments that will prevent him/her from safely participating in the program.

I agree to be responsible for all damages occurring to any TCYSF boats or equipment while said boat or equipment is being used by the Student.

I am fully cognizant of the risks of boating, sailing and water related activities, and I understand and agree that the TCYSF and the city of Fort Pierce on-shore and off-shore facilities, including but not limited to hoists, storage facilities, launching ramps, docks and moorings shall be used solely at the Student's own risk.

In exchange for the Student being permitted to participate in these activities I hereby release and agree not to make or bring any claim of any kind against TCYSF and the City of Fort Pierce, or their officers, directors, members, employees, contractors or guests, or any landowners, landholders, or other persons making property available to or for TCYSF, for any injury, including death, to the Student or any damage to my or the Student's property whether arising from anyone's negligence or not, or any other cause arising out of the Student's participation in these boating, sailing or water related activities. I also agree if anyone makes any claims because of any injury, including death, or for any damage to my or the Student's property, I will keep all those released by this agreement free of any damages or costs because of those claims.

Signed: _____ **Date:** _____

Parent/Guardian

PARENT/GUARDIAN CODE OF ETHICS

I will not interfere with a Coach's decision.

I will insure that the Student is courteous to all and follows the rules and regulations of the Treasure Coast Youth Sailing Foundation, Inc. (TCYSF).

I will treat everyone (Coaches, other parents, members and sailors, etc.) with respect.

I understand that the Student may be removed from the sailing program if either I or the Student is interfering with the Coach's instructions or decisions, is unruly, creates a disciplinary problem or presents a clear danger to others in the program. In such circumstances, the student or Parent(s)/Guardian(s) may be suspended, or membership terminated, pursuant to Article IV, Section 1, Paragraph (b), and Section 4, of the Foundation bylaws.

Signed: _____ **Date:** _____
Parent/Guardian

TREASURE COAST YOUTH SAILING FOUNDATION, INC., BYLAWS Article IV, Section 4 - Suspension or Termination

Membership may be terminated by resignation or action of the Board of Directors.

The Board of Directors, by a two-thirds vote of those present at any duly held and constituted meeting, shall have the authority to discipline, suspend or terminate the membership of any member of any class when the conduct of such person is considered detrimental to the best interests of the Treasure Coast Youth Sailing Foundation.

The Member involved shall be notified of such meeting, informed of the general nature of the charges and given an opportunity to appear at the meeting to answer such charges.

The Board of Directors shall, in the case of a Sailing Member (Student), give notice to the Parent(s)/Guardian(s) of the Student. The Parent(s)/Guardian(s) may appear with the Student in the capacity of an advisor before the Board of Directors or a duly appointed committee. The Board of Directors or the committee shall have full power to suspend or revoke such Student's right to future participation. If either the Parent(s)/Guardian(s) of the Student, or the Student, fail to appear after having been given notice, the Board of Directors, or the committee, may dispose of the matter at its sole discretion.

Signed: _____ **Date:** _____
Parent/Guardian

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

I, the undersigned Parent/Guardian of the above-mentioned Student, a minor child, do hereby consent to any emergency X-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is rendered by a recognized state approved facility.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of the aforesaid agent(s) to give specific consent to any or all such diagnosis, treatment, or hospital care which the aforesaid agent(s) in the exercise of his/her best judgment may deem advisable. Neither the aforesaid agent(s) nor any individual or organization involved assumes any financial responsibility for this action.

This authorization is given pursuant to the laws and statutes of the State of Florida and is to be considered effective in any state or location where the Student is participating in TCYSF sponsored or approved activity.

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Signed: _____ **Date:** _____
Parent/Guardian